

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
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TOTAL INO.	2					
TOTAL DEP.	3					
TOTAL	5					

	INO.	DEP.	INO.	DEP.	INO.	DEP.
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